

# **Utah State Division of Substance Abuse**

## **USER'S MANUAL FOR THE YEAR END SYSTEM**

**VERSION 1.0**



**Director:** Patrick Fleming  
**Assistant Director:** Mary Lou Emerson

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## **Introduction**

The Year End System is designed to collect the SAPT Block Grant and other funding expenditures made for treatment and prevention services in the State of Utah. The complete set of expenditures are entered into the system via a set of forms (i.e. Form 6, Form 7, etc.). Each form is represented by a data entry screen. In the cases where the totals from one form are referenced in another, logic built into the software helps the user identify when corresponding totals from different forms do or do not equal each other.

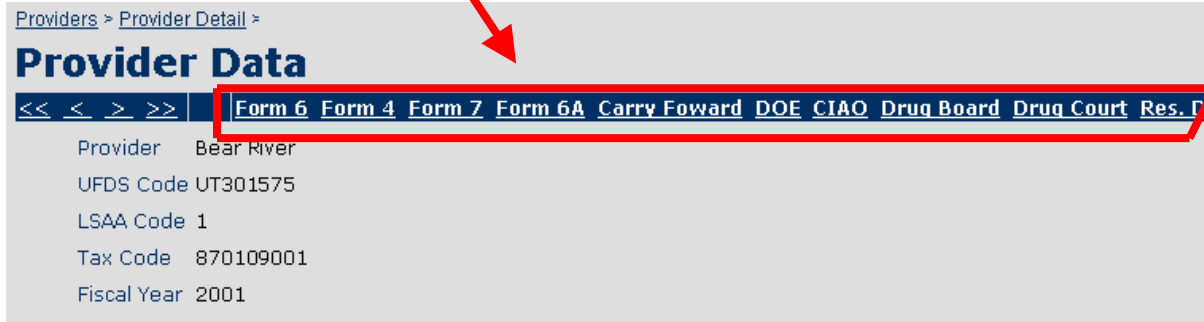
In order to help the user understand how to use the Year End System, the User Manual is divided into two sections. First, the Do's Don'ts Section identifies the general directions and procedures which are required to save, update, and delete data. Second, the Forms Section offers detail instructions regarding the purpose of each form, the procedure for entering the data, as well as the complete list, and meaning of, the data.

The URL for the Year End System can be found at the following URL:  
[http://www.hsdsa.utah.gov/DSA\\_Web\\_Links.htm](http://www.hsdsa.utah.gov/DSA_Web_Links.htm)  
Simply type the address into your browser's URL window and press the enter key. After the login screen appears, the user must type in the User Name and Password assigned to him/her. Following the login procedure, the user can begin entering data.

Technical support can be obtained by calling Nathan Piggott (801)-538-3946 or Rick Birrell (801)-538-3933 at the Utah State Division of Substance Abuse.

## Do's and Don'ts and Other General Information

1. **DO** use the **Navigation Bar** located on the primary screen to select the various forms.



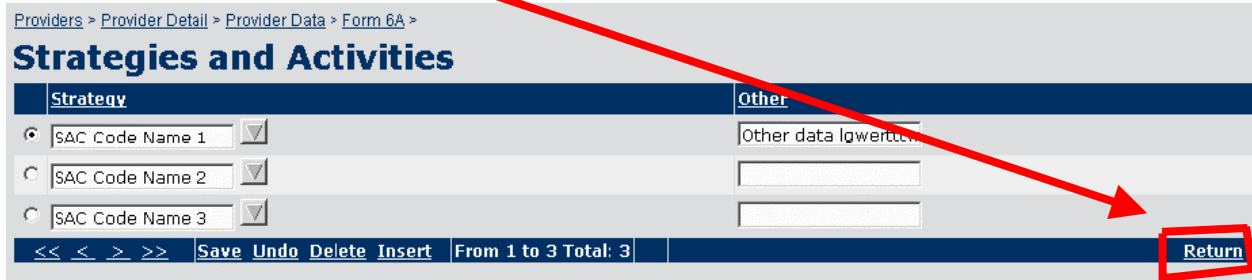
Providers > Provider Detail >

### Provider Data

<< < > >> **Form 6** Form 4 Form 7 Form 6A Carry Forward DOE CIAO Drug Board Drug Court Res. F

Provider Bear River  
UFDS Code UT301575  
LSAA Code 1  
Tax Code 870109001  
Fiscal Year 2001

2. **Do** use the **Return** button to close a form and return to the main screen.



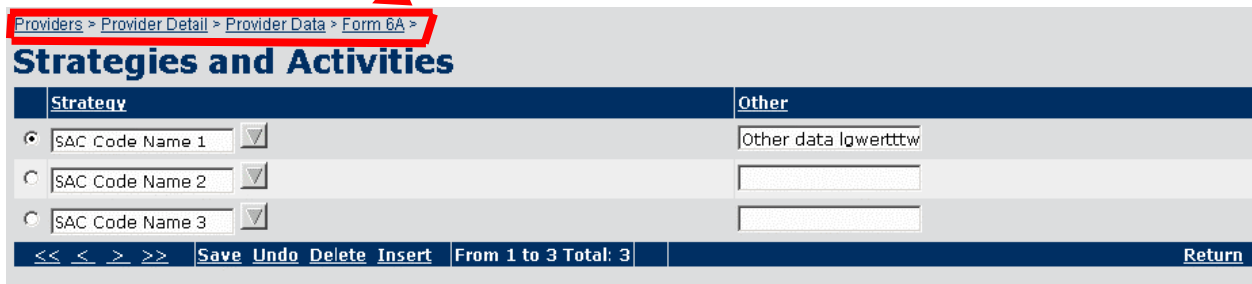
Providers > Provider Detail > Provider Data > Form 6A >

### Strategies and Activities

Strategy	Other
<input checked="" type="radio"/> SAC Code Name 1	Other data lqwerrttw
<input type="radio"/> SAC Code Name 2	
<input type="radio"/> SAC Code Name 3	

<< < > >> Save Undo Delete Insert From 1 to 3 Total: 3 **Return**

3. You may also use the **Cookie Crumb Trail** to return to a previous screen by clicking on the name of the screen you want to go to.



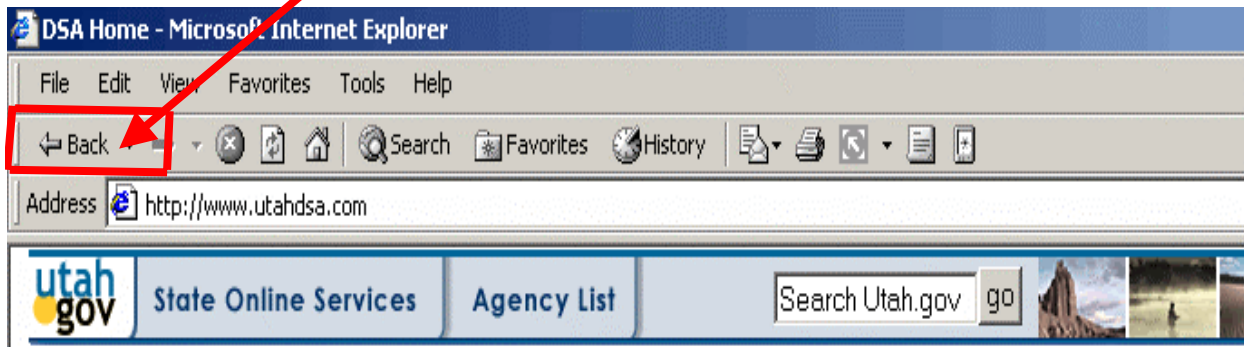
Providers > Provider Detail > Provider Data > Form 6A >

### Strategies and Activities

Strategy	Other
<input checked="" type="radio"/> SAC Code Name 1	Other data lqwerrttw
<input type="radio"/> SAC Code Name 2	
<input type="radio"/> SAC Code Name 3	

<< < > >> Save Undo Delete Insert From 1 to 3 Total: 3 Return

4. **DO NOT EVER, EVER, EVER**, use the **Back Button** on your browser to move backward through the YearEnd system's screens at any time for any reason. You **MUST** use the **Return** button or the **Cookie Crumb Trail** to move back to the main screen. If you do click on the back button, then close the application, load it, and log in again. Then you may move on with the data entry.



5. **DO** click the **SAVE** Button after you have finished entering each row on a form. Remember, **Save Often!**

Providers > Provider Detail > Provider Data >

### Form 6

#### Allocations

SAPT Money **\$1,001.00**  
State Gen Fund Money **\$2,001.00**  
Women Money **\$3,001.00**

Entity	UFDS Code	Area Type	SAPT Block Grant	Total SAPT	State Funds
<input checked="" type="radio"/> Entity 1	ENT1	Statewide	\$1,000.00	<b>\$999.00</b>	\$2,000.00
<input type="radio"/> Weber Human Service	ENT2	Statewide	\$1,000.00	<b>\$800.00</b>	\$1,000.00
<input type="radio"/> Entity 3	ENT3	Sub State	\$1,000.00	\$1,000.00	\$1,000.00
<input type="radio"/> Entity 4	ENT4	Sub State	\$1,000.00	\$1,000.00	\$500.00
<input type="radio"/> Entity 5hh	ENT5	Sub State	\$1,000.00	\$1,000.00	\$501.00
Save Undo Delete Insert			From 1 to 5 Total: 5		
Totals			\$5,000.00	\$4,799.00	\$5,001.00

6. **DO** use the **INSERT** button each time you want to **add** a new row or column to a form.

Providers > Provider Detail > Provider Data >

## Form 6

### Allocations

SAPT Money **\$1,001.00**  
 State Gen Fund Money **\$2,001.00**  
 Women Money **\$3,001.00**

Entity	UFDS Code	Area Type	SAPT Block Grant	Total SAPT	State Funds
<input checked="" type="radio"/> Entity 1	ENT1	Statewide	\$1,000.00	<b>\$999.00</b>	\$2,000.00
<input type="radio"/> Weber Human Service	ENT2	Statewide	\$1,000.00	<b>\$800.00</b>	\$1,000.00
<input type="radio"/> Entity 3	ENT3	Sub State	\$1,000.00	\$1,000.00	\$1,000.00
<input type="radio"/> Entity 4	ENT4	Sub State	\$1,000.00	\$1,000.00	\$500.00
<input type="radio"/> Entity 5hh	ENT5	Sub State	\$1,000.00	\$1,000.00	\$501.00
			<b>From 1 to 5 Total: 5</b>		
<b>Totals</b>			\$5,000.00	\$4,799.00	\$5,001.00

Navigation: < > >> Save Undo Delete **Insert**

7. **DO** use the **Undo** button to erase, clear out, or undo the data that you do not intend to save. If you decide to erase the data you are entering with the back space or delete key on your key board, and then decide to close the form, you will receive an error because you did not **CLEAR** the data with the **UNDO** button.

Providers > Provider Detail > Provider Data >

## Form 6

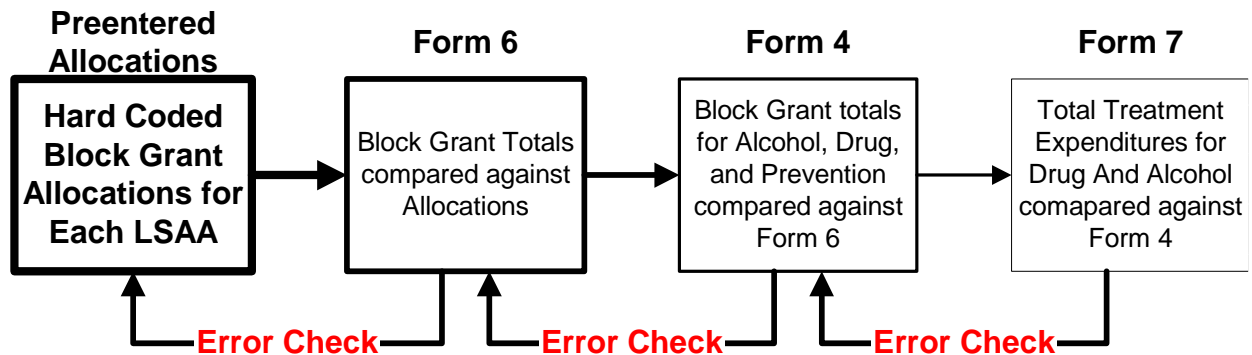
### Allocations

SAPT Money **\$1,001.00**  
 State Gen Fund Money **\$2,001.00**  
 Women Money **\$3,001.00**

Entity	UFDS Code	Area Type	SAPT Block Grant	Total SAPT	State Funds
<input checked="" type="radio"/> Entity 1	ENT1	Statewide	\$1,000.00	<b>\$999.00</b>	\$2,000.00
<input type="radio"/> Weber Human Service	ENT2	Statewide	\$1,000.00	<b>\$800.00</b>	\$1,000.00
<input type="radio"/> Entity 3	ENT3	Sub State	\$1,000.00	\$1,000.00	\$1,000.00
<input type="radio"/> Entity 4	ENT4	Sub State	\$1,000.00	\$1,000.00	\$500.00
<input type="radio"/> Entity 5hh	ENT5	Sub State	\$1,000.00	\$1,000.00	\$501.00
			<b>From 1 to 5 Total: 5</b>		
<b>Totals</b>			\$5,000.00	\$4,799.00	\$5,001.00

Navigation: < > >> Save **Undo** Delete Insert

8. **DO** enter **Forms 6, 4, and 7 in order** respectively. The error checks built into the forms require that Form 6 is completed first. Once Form 6 is free of errors, then Form 4 can be completed. Finally, once Form 4 is free of errors, Form 7 can be completed. All other forms can be completed at the user's discretion.
9. **Do** pay attention to any **red numbers** that appear on Forms 6, 4, or 7. Red numbers indicate that data entry errors have occurred. The logic of the error checking is governed by the following rules.



- The total SAPT dollars, State General Fund, and the Women's set-a-side entered on Form 6 are compared against, and must ultimately equal, the hard coded allocations which correspond to the Local Authority's contractual amounts for the fiscal year.
- The total SAPT dollars entered on Form 4 for Alcohol, Drug, and Prevention are compared against, and must ultimately equal, their corresponding totals previously entered on Form 6.
- The total dollars entered on Form 7 for Alcohol and Drug treatment are compared against, and must ultimately equal, their corresponding totals on Form 4.

## **Form 6**

### **Overview:**

The Substance Abuse Entity Inventory form allows the user to enter the name and corresponding financial information for each contracted agency which provided substance abuse treatment and/or prevention services with Block Grant and state funds during the course of the Fiscal Year. ***If a Local Authority agency contracts with one or more public/private agencies to provide treatment and/or prevention services with state or SAPT dollars, then each agency must also be reported on Form 6.***

Local Authority agencies that choose to contract with the Utah Alcoholism Foundation (UAF) facilities to provide treatment services should be certain to identify them on the form. They should be identified as a Sub-state Region.

### **Error Checks:**

Two data entry error checks are provided on Form 6. The first check compares the sum of the dollars which are entered in the SAPT Block Grant column, State General Fund column, and the Women Services column with the total allocations for the same given to the user's Local Authority. If a number is colored red for any or all of the three listed above, then it indicates that its corresponding total in the SAPT Block Grant column, State General Fund column, and/or the Women Services column are not adding up to the allocated number (see Error Check 1 in Figure 1).

The second check compares the sum of the dollars entered in Alcohol, Drug, Prevention, IV Drug Users, and Women Services against the number entered in SAPT Block Grant for each row. If the total amount for Alcohol, Drug, Prevention, IV Drug Users, and Women Services in a given row do not equal the amount entered in SAPT Block Grant, then the number in the Total SAPT column will be colored red in the row which contains the discrepancy (see Error Check 2 in Figure 1).

### **Data Entry Steps:**

Step 1 – Click on the **Insert** button. The Insert button allows the user to add a new record to the form.

Step 2 – Fill in each cell that is appropriate for the provider/agency across the entire row.

Step 3 – Click the **Save** button to save the new record.

Step 4 – Repeat the previous three steps until all providers/agencies have been entered on the form.

Step 5 – Identify and correct any data entry errors which are identified by red numbers as described above. The user should not move on to Form 4 until all red numbers are changed to the color blue.



**Error Check 1**                      **Error Check 2**

[Providers](#) > [Provider Detail](#) > [Provider Data](#) >

## Form 6

### Allocations

SAPT Money      **\$1,001.00**

State Gen Fund Money      **\$2,001.00**

Women Money      **\$3,001.00**

Entity	UFDS Code	Area Type	SAPT Block Grant	Total SAPT	State Funds
<input checked="" type="radio"/> Entity 1	ENT1	Statewide	\$1,000.00	<b>\$999.00</b>	\$2,000.00
<input type="radio"/> Weber Human Service	ENT2	Statewide	\$1,000.00	<b>\$800.00</b>	\$1,000.00
<input type="radio"/> Entity 3	ENT3	Sub State	\$1,000.00	\$1,000.00	\$1,000.00
<input type="radio"/> Entity 4	ENT4	Sub State	\$1,000.00	\$1,000.00	\$500.00
<input type="radio"/> Entity 5hh	ENT5	Sub State	\$1,000.00	\$1,000.00	\$501.00
<input type="button" value="Save"/> <input type="button" value="Undo"/> <input type="button" value="Delete"/> <input type="button" value="Insert"/>			From 1 to 5 Total: 5		
<b>Totals</b>			\$5,000.00	\$4,799.00	\$5,001.00

[Figure 1]

**Step 3**

**Step 1**

The following definitions correspond to the fields on Form 6.

1. **Entity:** This column contains the name of the agency which provided treatment and/or prevention services.
2. **UFDS (NFR) ID:** The Federal NFR ID number is the identifying number given to licensed treatment agencies by the Federal Government. If you do not know the number, then you may call Rick Birrell at 801-538-3933 to obtain it.
3. **Area Served:** The Area Served column indicates the region in which the treatment and/or prevention services were given. Sub-State is the default value for the field.
4. **SAPT Block Grant:** Enter the amount of Block Grant funds spent during the fiscal year.
5. **State Funds:** Enter the amount of State funds which the agency spent during the Fiscal Year.

6. **SAPT Block Grant Funds For Alcohol Treatment Services:** If the agency spent SAPT funds for alcohol treatment, then the amount of the expenditures must be entered in the column.
7. **SAPT Block Grant Funds For Drug Treatment Services:** If the agency spent SAPT funds for Drug Treatment, then the amount of the expenditures must be entered in the column.
8. **SAPT Block Grant Funds For Prevention:** If the agency spent SAPT funds for prevention services, then the amount of the expenditures must be entered in the column.
9. **SAPT Block Grant Funds For IV Drug User Services:** If the agency spent SAPT funds for IV drug user services, then the amount of the expenditures must be entered in the column.
10. **SAPT Block Grant Funds For Women-Set-A-Side Services:** If the agency spent SAPT funds for women services, then amount of the expenditures must be entered in the column.
11. **Use of Funds:** The Use of Funds section indicates how the funds spent by the agency were allocated. Expenditure allocations must be identified by checking the box which corresponds to the appropriate column name.

## **Form 4**

### **Overview:**

Form 4A allows the user to enter the amount of money spent on treatment (Alcohol & Drug), prevention, HIV, and tuberculosis services via various funding sources. The sources include SAPT Block Grant, State General Fund, Medicaid, Other Federal, Other State, Local, and Other Fees. All funds collected and spent on the previously mentioned services must be identified and entered on this form.

### **Error Checks:**

Three error checks exist on Form 4. They include comparing the SAPT Block Grant dollars on Form 6 with the dollars contained in the SAPT Block Grant column on Form 4 for Alcohol, Drug, and Prevention. If red text appears on the form for Alcohol, Drug, or Prevention, then it indicates the user entered the wrong value(s) in the SAPT Block Grant column for the same (see Error Check 3 in Figure 2).

### **Data Entry Steps:**

Step 1 – Click the **Insert** button to add an new record.

Step 2 – Click the pull down area in the Activity column and select the type of service. Each type of service (i.e. drug, HIV, prevention, etc.) can be selected only once.

Step 3 – Enter the remainder of the dollar amounts in the row.

Step 4 – Click the **Save** button to save the data to the database.

Step 5 – Repeat the previous four steps until the all of the appropriate services have been entered.

Step 6 – Verify that no red text appears on the form. If red text does appear for Alcohol, Drug, and/or Prevention, then go to the SAPT Block Grant column and correct the discrepancy for the appropriate service.

**Error Check 3**

Providers > Provider Detail > Provider Data >

## Form 4

**Form 6 Totals**

Alcohol \$2,499.00  
 Drug \$800.00  
 Prevention \$1,500.00

Activity	Total	SAPT Block Grant	ST Gen Funds	Medicaid
Alcohol	\$1,000.00	\$1,000.00	\$0.00	\$0.00
<< < > >> <b>Save</b> <b>Undo</b> <b>Delete</b> <b>Insert</b> From 1 to 1 Total: 1				
<b>Totals</b>	\$1,000.00	\$1,000.00	\$0.00	\$0.00

[Figure 2]  
**Step 1**

**Step 4**

The following definitions correspond to the data entry field names on Form 4.

1. **Activity:** The name of the service activity (i.e. Alcohol, Drug, Prevention, HIV, Tuberculosis).
2. **SAPT Block Grant:** The amount of SAPT dollars spent on the service activity.
3. **State General Fund:** The State General Fund dollars which were spent on the service activity.
4. **Medicaid:** The Medicaid dollars spent on the service activity.
5. **Other Federal:** All other federal funds spent on the service activity.
6. **Other State:** This field requires all other state funds spent on the service activity.
7. **Local:** The amount of money given to the provider by the Local Authority for expenditures made for the service activity.

8. **Other Fees:** The money entered in the field represents the amount of dollars collected directly from the agency's clients for services delivered by the activity.

## Form 7

### Overview:

Form 7 is designed to help the user identify all of the treatment modalities which the Local Authority agency utilized to serve their clients. The form contains two sets of columns. One set is designed to receive the treatment costs and the number of clients served for alcohol treatment. The other set receives the treatment costs and the number of clients served for drug treatment. The number of clients served for both alcohol and drug treatment are provided and entered by the Division via the TEDS numbers reported by the Local Authority throughout the course of the Fiscal Year. Hence, the user need only enter the dollar expenditures for each modality. The user must also understand that no modality may have a cost associated with it unless clients were served in that modality.

### Error Check:

The error check for Form 7 is located at the bottom of the form. It consists of comparing the total expenditures for alcohol and drug with their corresponding totals on Form 4. If the totals on Form 7 do not match the alcohol and/or drug totals from Form 4, then the totals on Form 7 change to the color red (see Error Check4 in Figure 3).

### Data Entry Steps:

Step 1 – **DO NOT** click the Insert button. Simply start entering data in the Total Cost Alcohol and Total Cost Drug columns. The alcohol and drug admissions per modality should already be filled.

Step 2 – Click the Save button to add the data to the database.

**Step 2**

Providers > Provider Detail > Provider Data >

### Form 7

	Alcohol Admissions Served	Total Cost Alcohol	Drug Admissions Served	Total Cost Drug
Hospital Detoxification	0	\$0.00	0	\$0.00
Free-Standing Detoxification	0	\$0.00	0	\$0.00
Hospital Inpatient	0	\$0.00	0	\$0.00
Short-Term Residential	10	\$1,000.00	0	\$0.00
Long-Term Residential	0	\$0.00	0	\$0.00
Methadone Treatment	0	\$0.00	0	\$0.00
General Outpatient	0	\$0.00	0	\$0.00
Intensive Outpatient	0	\$0.00	0	\$0.00
Outpatient Detoxification	100	\$1,501.00	0	\$0.00
Totals	110	\$2,501.00	0	\$0.00
Totals from Form 4		\$1,000.00		\$0.00

[Figure 3]

**Error Check 4**

The following definitions correspond to the data entry field names on Form 7.

### **Modality Definitions for Alcohol Treatment**

1. **Hospital Detoxification for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.
2. **Free-Standing Detoxification for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.
3. **Hospital Inpatient for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.
4. **Short-Term Residential for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.
5. **Long-Term Residential for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.
6. **Methadone for Alcohol Treatment:** *No dollar amount should be entered in this modality under Alcohol treatment.*
7. **General Outpatient for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.
8. **Intensive Outpatient for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.
9. **Outpatient Detoxification for Alcohol Treatment:** The total expenditures from all funding sources made in this modality for alcohol treatment.

### **Modality Definitions for Drug Treatment**

10. **Hospital Detoxification for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.
11. **Free-Standing Detoxification for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.
12. **Hospital Inpatient for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.

13. **Short-Term Residential for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.
14. **Long-Term Residential for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.
15. **Methadone for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.
16. **General Outpatient for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.
17. **Intensive Outpatient for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.
18. **Outpatient Detoxification for Drug Treatment:** The total expenditures from all funding sources made in this modality for drug treatment.



## **Form 6A**

### **Overview:**

Form 6A is designed to gather the prevention services which the Local Authority or subcontractor agency provided during the course of the fiscal year along with the CSAP Strategies and Risk Categories that were utilized. Therefore, the number of agencies which provided a prevention service must be entered in the Providers column along with the Risk Category and Prevention Strategy(s) the service addressed.

### **Error Check:**

No Error check is required for Form 6A.

### **Data Entry Steps:**

Step 1 – Click on the **Insert** button to add a Risk Category and the Number of Providers who addressed that category (see Figure 4).

Step 2 – Enter the code value for the Risk Category (see Figure 4).

Step 3 – Enter the number of providers who address the Risk Category (see Figure 4).

Step 4 – Click the **Save** button (see Figure 4).

Step 5 – Click the **Strategies and Activities** button (see Figure 4) (this button loads the Strategies and Activities screen) .

[Figure 4]

Providers > Provider Detail > Provider Data >

### Form 6A

	Risk Categories	Number of Providers
<input checked="" type="radio"/>	5	10
<input type="radio"/>	31	11

<< < > >> **Save** Undo Delete **Insert** From 1 to 2 Total: 2 **Strategies and Activities**

Step 4 Step 1 Step 5

Step 6 – Click the **Insert** button on the Strategies and Activities screen (see Figure 5).

Step 7 – Click the pull down arrow and select the name of the prevention service from the pop up list (see Figure 5).

Step 8 – If name requires a description, then enter it in the column marked Other (see Figure 5).

Step 9 – Click the **Save** button (see Figure 5).

Step 10 – Repeat steps 6 through 9 until all of the service names which belong to the single Risk Category previously identified have been added (see Figure 5).

Step 11 – After all of the service names have been added, click on the **Return** button to return to the Form 6A screen where a new Risk Category can be selected. If a new category is selected, then Steps 1 through 10 must be repeated. All subsequent Risk Categories must each have their own set of service names attached to them.

[Figure 5]

The screenshot shows a web-based form titled "Strategies and Activities". It has a breadcrumb trail: "Providers > Provider Detail > Provider Data > Form 6A >". The form is divided into two main columns: "Strategy" and "Other". Under "Strategy", there are three rows, each with a radio button, a text field for "SAC Code Name", and a pull-down arrow. Red boxes and arrows highlight these elements for Step 7. The "Other" column has a text field with the placeholder "Other data lqwertttw" and two empty text fields below it. A red box and arrow highlight the first "Other" field for Step 8. At the bottom, there is a navigation bar with buttons: "<< < > >> Save Undo Delete Insert From 1 to 3 Total: 3 Return". Red boxes and arrows highlight the "Save" button for Step 9, the "Insert" button for Step 6, and the "Return" button for Step 11.

Step 12 – Once all Risk Categories and their respective service names have been added to the system, the user may then move on to another form.

**The following definitions correspond to the data entry field names on Form 6**

1. **Risk Categories:** The value of the appropriate Risk Category which the prevention service addressed must be entered in this column. The user may enter only one Risk Category per line. The categories are:

Code	Name
01	Children of Substance Abusers
02	Pregnant Women/Teens
03	School Drop-Outs
04	Violent and Delinquent Behavior
05	Mental Health Problems
06	Economic Disadvantaged
07	Physically Disabled
08	Abuse Victims
09	Already Using Substances
10	Homeless and/or Runaway Youth

2. **Prevention Strategies:** The value of the appropriate Prevention Strategy(s) must be entered in this column. The user may enter as many strategies as are appropriate. The strategies are:

Information Dissemination	
Code	Definitions
01	Clearing House / Information Resource centers
02	Resource Directories
03	Media Campaigns
04	Brochures
05	Radio and TV Public Service Announcements
06	Speaking Engagements
07	Health Fairs and Other Conferences
08	Information Hot Lines
09	Other , Please Specify
Education	
Code	Definitions
11	Parenting
12	Ongoing Classroom and/or Small Group Sessions
13	Peer Leader/Helper Programs
14	Education Programs For Youth Groups
15	Mentors
16	Preschool ATOD Prevention Programs

17	Other, Please Specify
<b>Alternatives</b>	
<b>Code</b>	<b>Definitions</b>
21	Drug Free Dances and Parties
22	Youth/Adult Leadership Activities
23	Community Drop-In Centers
24	Community Service Activities
25	Outward Bound
26	Recreation Activities
27	Other, Please Define
<b>Problem ID and Referral</b>	
<b>Code</b>	<b>Definitions</b>
31	Employee Assistance Programs
32	Student Assistance Programs
33	Driving Under the Influence Education Programs
34	Other, Please Define
<b>Community Based Process</b>	
<b>Code</b>	<b>Definitions</b>
41	Community and Volunteer Training
42	Systematic Planning
43	Multi-Agency Coordination and Collaboration
44	Community Team Building
45	Accessing Services and Funding
46	Other, Please Define
<b>Environmental</b>	
<b>Code</b>	<b>Definitions</b>
51	Promoting The Review of Alcohol, Drug and Tobacco Use Policies in Schools
52	Guidance and Technical Assistance on Monitoring Enforcement Governing Availability of Alcohol, Tobacco, and Other Drugs
53	Modifying Alcohol and Tobacco Advertising Practices
54	Product Pricing Strategies
55	Other, Please Define

3. **Providers:** The number of agencies which supplied the prevention service(s).

# Carry Forwards

## Overview:

The Carry Forward screen requires the user to enter the number of clients who were admitted into a treatment modality and were not discharged prior to July 1<sup>st</sup>, 2001. All carry forward clients are entered on the form based upon their primary diagnosis for Drug or Alcohol treatment, the treatment Modality, their Gender, or their classification as "Children and Youth" (C&Y).

## Error Check:

No error check was created for this screen.

## Data Entry Steps:

Step 1 – Click on the Details button to begin entering the carry forward numbers (see Figure 6).

[Figure 6]

Step 1

The screenshot shows the 'Carry Forwards' screen. At the top, there are navigation links: 'Providers > Provider Detail > Provider Data >'. Below this is the title 'Carry Forwards' in large blue font. Under the title, there are two dropdown menus: 'Record Type' and 'Gender/Child'. Below these is a table with columns: 'Record Type', 'Gender/Child', 'Hospital Detox', 'Free-Standing Detox', 'Hospital Resident', and 'S'. The table contains six rows of data. At the bottom of the table, there is a 'Totals' row. To the right of the table, there is a 'Details' button, which is highlighted with a red box. A red arrow points from the text 'Step 1' to this button. Above the table, there are navigation buttons: '<<', '<', '>', '>>', 'Delete', and 'From 1 to 6 Total: 6'.

Record Type	Gender/Child	Hospital Detox	Free-Standing Detox	Hospital Resident	S
<input checked="" type="radio"/> Alcohol	Child	201	221	321	
<input type="radio"/> Alcohol	Adult Female	110	210	310	
<input type="radio"/> Alcohol	Adult Male	100	200	300	
<input type="radio"/> Drug	Child	120	220	320	
<input type="radio"/> Drug	Adult Female	110	210	310	
<input type="radio"/> Drug	Adult Male	100	200	300	
Totals		741	1261	1861	

Step 2 – Click the **Insert** button on the Carry Forward Details screen (see Figure 7).

Step 3 – Begin entering the carry forward numbers. No more than six records can be added. The six records consist of the following configuration for each modality:

Alcohol-Children
Alcohol-Adult Female
Alcohol-Adult Male
Drug-Children
Drug-Adult Female
Drug-Adult Male

The combinations listed above can be entered in any order so long as one combination is not replicated. If a combination is replicated, then the user will receive an.

Step 4 – After entering the data for the first record, click the **Save** button (see Figure 7).

Step 5 – Click the **Insert** button to add another record (see Figure 7).

Step 6 – Repeat steps 4 and 5 until all carry forward information is entered (no more than 6 records).

The screenshot shows the 'Carry Fowards Details' form. At the top, a breadcrumb trail reads: 'Providers > Provider Detail > Provider Data > Carry Fowards >'. The form title is 'Carry Fowards Details'. Below the title is a navigation bar with buttons: '<< < > >>', 'Save', 'Undo', 'Delete', 'Insert', and 'Return'. Red arrows and boxes highlight specific elements:
 

- Step 2**: Points to the 'Insert' button.
- Step 4**: Points to the 'Save' button.
- Step 7**: Points to the 'Return' button.

 The form fields include:
 

- Record Type \*: Alcohol (dropdown)
- Gender/Child \*: Child (dropdown)
- Hospital Detox: 201
- Free-Standing Detox: 221
- Hospital Resident: 321
- Short Term Resident: 421
- Long Term Resident: 521
- Methadone: 621
- General Outpatient: 721
- Intensive Outpatient: 821
- Outpatient Detox: 921
- I.V. Drug Users: 1021

[Figure 7]

Step 7 – After all of the carry forward information has been entered, click on the **Return** button to go back to the Carry Fowards screen. All of the records the user entered will be displayed there.

**The following definitions correspond to the data entry field names on the Carry Forwards form.**

### **Modality Definitions for Alcohol Treatment**

19. **Hospital Detoxification for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.
20. **Free-Standing Detoxification for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.
21. **Hospital Inpatient for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.
22. **Short-Term Residential for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.
23. **Long-Term Residential for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.
24. **Methadone for Alcohol Treatment:** No clients should be entered in this modality under Alcohol treatment.
25. **General Outpatient for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.
26. **Intensive Outpatient for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.
27. **Outpatient Detoxification for Alcohol Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Alcohol Treatment.

### **Modality Definitions for Drug Treatment**

28. **Hospital Detoxification for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.

29. **Free-Standing Detoxification for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.
30. **Hospital Inpatient for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.
31. **Short-Term Residential for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.
32. **Long-Term Residential for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.
33. **Methadone for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.
34. **General Outpatient for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.
35. **Intensive Outpatient for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.
36. **Outpatient Detoxification for Drug Treatment:** The total count of clients admitted into this modality before July 1<sup>st</sup> of the prior fiscal year for Drug Treatment.



# DOE

## Overview:

Each agency which provides prevention services that are funded by dollars handed down by the Department of Education must be identified on this form. The dollars the agency used to fund the prevention activity must also be entered as either a General Population (kindergarten through 12<sup>th</sup> grade) service or as an At Risk Youth service. The administrative costs associated with the delivery of the service must also be identified.

## Error Check:

No error check was created for this form.

## Data Entry Steps:

Step 1 – Click on the **Insert** button. (see Figure 8)

Step 2 – Add the name of the provider and the expenditures associated with it.

Step 3 – Click the **Save** button.

Step 4 – Repeat steps 1 through 3 until all of the providers who utilized DOE money have been entered.

[Figure 8]

[Providers](#) > [Provider Detail](#) > [Provider Data](#) >

### Department of Education

Provider	At Risk Youth	K-12	Administration
<input type="radio"/> Local School	\$100.00	\$100.00	\$100.00
<div>&lt;&lt; &lt; &gt; &gt;&gt; <b>Save</b> Undo Delete <b>Insert</b> From 1 to 1 Total: 1 <a href="#">Return</a></div>			
Totals	\$100.00	\$100.00	\$100.00

**Step 3**                      **Step 1**

**The following definitions correspond to the data entry field names on the Carry Forwards form.**

1. **Provider:** The name of the agency which delivered the prevention service.
2. **At Risk Youth:** The amount of money spent on high risk youth.
3. **K-12:** The amount of money spent on the general youth population.
4. **Administration:** The amount of money spent on administrative activities.

# CIAO

## **Overview:**

The CIAO form collects the number of clients served by CIAO and the amount of money spent on them.

## **Error Check:**

No error check was created for this form.

## **Data Entry Steps:**

Step 1 – Click on the **Insert** button.

Step 2 – Click enter the number of CIAO clients served and the amount of money spent.

Step 3 – Click the **Save** button.

The screenshot displays the 'CIAO Information' form within a web application. At the top, a breadcrumb trail reads 'Providers > Provider Detail > Provider Data >'. The form title 'CIAO Information' is prominently displayed. Below the title is a navigation bar with buttons: '<<', '<', '>', '>>', 'Save', 'Undo', 'Delete', and 'Insert'. The 'Save' and 'Insert' buttons are highlighted with red rectangles. A red arrow labeled 'Step 3' points to the 'Save' button, and another red arrow labeled 'Step 1' points to the 'Insert' button. Below the navigation bar, there are two input fields: 'Count' with the value '1001' and 'Dollar Amount' with the value '\$2,001.00'.

[Figure 9]

# Drug Board

## **Overview:**

The Drug Board form collects the number of clients served by a board and the amount of money spent on their treatment.

## **Error Check:**

No error check was created for this form.

## **Data Entry Steps:**

Step 1 – Click on the **Insert** button.

Step 2 – Click enter the number of Drug Board clients served and the amount of money spent.

Step 3 – Click the **Save** button.

The screenshot shows a web-based form titled "Drug Board". At the top, there is a breadcrumb trail: "Providers > Provider Detail > Provider Data >". Below this, the form has a header bar with navigation buttons: "<<", "<", ">", ">>". To the right of these are four buttons: "Save", "Undo", "Delete", and "Insert". The "Save" and "Insert" buttons are highlighted with red boxes. A red arrow labeled "Step 3" points to the "Save" button, and another red arrow labeled "Step 1" points to the "Insert" button. Below the header bar, there are two input fields: "Count" with the value "1001" and "Dollar Amount" with the value "\$2,001.00".

[Figure 10]

# Drug Court

## **Overview:**

The Drug Board form collects the number of clients served by a board and the amount of money spent on their treatment.

## **Error Check:**

No error check was created for this form.

## **Data Entry Steps:**

Step 1 – Click on the **Insert** button.

Step 2 – Click enter the number of Drug Court clients served and the amount of money spent.

Step 3 – Click the **Save** button.

The screenshot shows a web-based form titled "Drug Court". At the top, there is a breadcrumb trail: "Providers > Provider Detail > Provider Data >". Below this, the title "Drug Court" is displayed in a large, bold, blue font. Underneath the title is a horizontal bar containing several buttons: "<<", "<", ">", ">>", "Save", "Undo", "Delete", and "Insert". The "Save" and "Insert" buttons are highlighted with red rectangular boxes. Red arrows point from the text "Step 3" to the "Save" button and from "Step 1" to the "Insert" button. Below the button bar, there are two input fields. The first is labeled "Count" and contains the value "1001". The second is labeled "Dollar Amount" and contains the value "\$2,001.00".

[Figure 11]

# Resource Development

## Overview:

The District Resource Development Report is a collection of the estimated costs associated with the Local Authority's efforts to plan, build quality assurance measures, train staff, etc., for treatment and prevention services during the course of the Fiscal Year. The dollars invested in the activities on the form can be allocated from any funding source.

## Error Check:

No error check was created for this form.

## Data Entry Steps:

Step 1 – Click on the **Insert** button.

Step 2 – Click enter the amount of money which is planned to be spent in the categories listed on the form.

Step 3 – Click the **Save** button.



The screenshot shows the 'Resource Development' form interface. At the top, there is a breadcrumb trail: 'Providers > Provider Detail > Provider Data >'. Below this is the title 'Resource Development'. A navigation bar contains buttons: '<<', '<', '>', '>>', 'Save', 'Undo', 'Delete', and 'Insert'. The 'Save' button is highlighted with a red box and labeled 'Step 3' with a red arrow. The 'Insert' button is also highlighted with a red box and labeled 'Step 1' with a red arrow. The form is divided into two columns of input fields. The left column lists 'Treatment' categories, and the right column lists 'Prevention' categories. Each category has a corresponding text input field for a dollar amount.

Treatment Category	Treatment Amount	Prevention Category	Prevention Amount
Treatment Planning	\$100.00	Prevention Planning	\$800.00
Treatment Quality	\$200.00	Prevention Quality	\$900.00
Treatment Training	\$300.00	Prevention Training	\$1,000.00
Treatment Education	\$400.00	Prevention Education	\$1,100.00
Treatment Pgm Dev.	\$500.00	Prevention Pgm Dev.	\$1,200.00
Treatment Research	\$600.00	Prevention Research	\$1,300.00
Treatment MIS	\$700.00	Prevention MIS	\$1,400.00